

Stacks

MARCH • 1948

the CHILD



NATIONAL COMMISSION PREPARES FOR MIDCENTURY WHITE HOUSE CONFERENCE

EDITH ROCKWOOD,

Office of the Chief, U. S. Children's Bureau

THE NATIONAL COMMISSION ON CHILDREN AND YOUTH, at its meeting January 28-30, adopted its Program for Children and Youth 1948; proposed a program of preparation for a midcentury White House Conference on Children and Youth, to be held in 1950; and made recommendations on international programs for children.

Seventy-six members of the commission were in attendance, including leaders in national organizations and professional associations concerned with the welfare of children and youth and representative State and local officials responsible for programs for children. Among the new members of the commission who attended were seven young people. Six are high-school or college students and one an industrial worker. Representatives were present from Puerto Rico and the Virgin Islands. Several Federal agencies that administer programs affecting children and youth sent representatives who shared in the discussions.

The commission meeting, under the chairmanship of Leonard W. Mayo, president of the Child Welfare League of America, began with an address by Oscar R. Ewing, Federal Security Administrator. Mr. Ewing urged extension of research in problems of child health and development and called for more medical personnel, better trained and better distributed; and for more local health units throughout the country. (Excerpts from Mr. Ewing's remarks are given on p. 134.)

What's new for children

The discussions opened with a series of brief talks by commission members,

noting new knowledge and new skills that are benefiting children and new and old problems with which we still must cope. These remarks are reported here in part:

At a time when the welfare of children was subject to other drastic forces, changing economic and social conditions have caused a complete readjustment in the lives of a large part of our population, said Boris Shishkin, American Federation of Labor. Some 5,000,000 people went from farms to industrial life in the cities during the war years, and many have not returned. Millions of people, especially young people, have been away from their own localities, many of them abroad, and they have learned about the outside world. This kind of exposure to new ways of living has always had a tremendous effect on people, Mr. Shishkin said. And it has given many families and individuals a new outlook on life.

Leona Baumgartner, M. D., City of New York Department of Health, told the commission of the large reductions

that have taken place in maternal and infant mortality since 1940, but added that maternal deaths, stillbirths, and infant deaths taken together still rank third as a cause of death in this country.

As for developments in medicine that are of benefit to children, she cited the "wonder drugs"—penicillin and sulfa—and the "comfort drugs," such as those that help to relieve asthmatic and allergic conditions; also the new operation for congenital heart disease.

Dr. Baumgartner mentioned the fact that more babies are being born in hospitals, with a doctor in attendance, than ever before. Also, she said, there has been more emphasis on training for doctors, not only in the medical schools, where obstetrics and pediatrics are given greater importance today, but also for doctors long out of medical school, who take postgraduate courses.

We now understand better the tie between mother and baby in early infancy, reported Esther McGinnis, American Home Economics Association. In response to demands by mothers, hospi-

In its new "Program for Children and Youth, 1948," the National Commission for Children and Youth pledges itself to focus public attention on the need for strengthening family life.



tals are beginning to plan so that mothers can keep their newborn babies in the room with them, and nurse them.

Now we are more willing to let the new father handle the baby, Dr. McGinnis continued, and we put new emphasis on the family in the baby's early development. We have more faith in the baby's ability to make his own schedule for eating and sleeping.

John P. Hubbard, M. D., American Academy of Pediatrics, sketched the Nation-wide survey of child-health services made by the American Academy of Pediatrics with the help of the United States Children's Bureau and the United States Public Health Service.

This has not been a study conducted from a central office, Dr. Hubbard said. It has been conducted throughout the country by all physicians that have an interest in children. And we have not intended just to gather a lot of facts, he went on, but to get these facts as the first step toward improved health services for children. We realize, he continued, that health services cannot be given to children anywhere unless there are persons qualified to render that care; and therefore we are giving very active thought to the need for more well-trained physicians who can be ready to give child-health services.

Probably the greatest single development in child health since 1940, in the opinion of Susan P. Souther, M. D., Ohio State Department of Health, is the increasing awareness of the public as to what child-health needs are and how to meet them. Farm groups, parent-teacher associations, war veterans, and various service and welfare organizations have instituted child-welfare programs or increased them, Dr. Souther told the commission.

Second in importance, she went on to say, is the increase in funds for maternal and child health under the social-security program, and the funds appropriated for care of wives and infants of servicemen, for school lunches, and for hospital construction; also the increased grants for dental work.

As the third major development, Dr. Souther named the growth of better local health facilities, which are necessary if adequate child-health services

NATIONAL ★ COMMISSION ★ ON ★ CHILDREN ★ AND ★ YOUTH

PROGRAM FOR CHILDREN AND YOUTH • 1948

THE NATIONAL COMMISSION ON CHILDREN AND YOUTH pledges itself this year to:

Assist national organizations, their State and local affiliates, and members, in their efforts to achieve greater security and more opportunities for children and youth;

Cooperate with State commissions and councils and State and local officials working for children and youth;

Encourage youth participation in planning and developing community services on which young people can make a contribution;

Emphasize the obligation to remove all disadvantages to children that exist because of race or creed;

Stimulate preparation for a midcentury White House Conference on Children and Youth;

Encourage support of activities in behalf of children around the world through the United Nations and other appropriate organizations;

Focus public attention on the need for strengthening family life and extending opportunities and services, both public and private, to the end that these may be available for all children in the United States wherever they may live—

1. Adequate family income.
2. Good housing at reasonable cost for families with children.
3. Health services and medical care.
4. Mental health and guidance services.
5. Educational opportunities.
6. Recreational services and facilities.
7. Educational and vocational counseling and placement services.
8. Social services.
9. Legal protection through measures such as those relating to parental responsibility, adoption, guardianship, children born out of wedlock, juvenile delinquency, school attendance, and child labor.

are to be developed. As the result of educational programs by public and private agencies to tell communities about the value of having full-time health departments staffed with trained personnel, several States in the past few years have enacted laws making it possible for district health departments to be established, or for several sparsely settled counties to combine into an ef-

fective health unit.

We have, however, a long and arduous task still ahead, said Dr. Souther, before good child-health services are available to all children.

Pediatricians are increasingly concerned about the psychological elements in disease, said George S. Stevenson, M. D., National Committee for Mental Hygiene, but even more they are con-

cerned with the fact that parents are human.

Leaders in pediatrics today accept a more comprehensive scope than that of 1940, Dr. Stevenson told the commission, and there are now well-developed centers where training in this more comprehensive pediatrics may be obtained. The National Mental Health Act, he said, has opened up new opportunities for research, for training of personnel, and for development of clinical service.

More and more the public-health nurse is becoming a family health adviser in the rearing of a healthy child, said Dr. Stevenson. In support of this the nurse is seeking more and better equipment; supervisors are being offered special courses; and mental-hygiene consultants are being trained. In the past, psychiatric education was almost completely ignored.

Education has made gains since 1940, in spite of teacher shortages and mounting school-construction costs, said Willard E. Givens, National Education Association. He listed some of the gains as follows:

School services outside school hours, on Saturdays, and during the summer have been developed; also additional learning experiences as part of the school program, such as camping. Human relations and social and economic problems now get school attention. The schools have come to recognize the importance of parent education in child growth and development, and also the educational importance of the preschool years. More attention is paid to the health needs of children, and their needs are considered more when school buildings are planned. Community resources are used more. Audio-visual aids to education have been developed. Continual attention has been given to functional teaching of the three R's.

Dr. Givens told the commission that the great increase in the number of babies born in the past 7 years is beginning to put pressure on school facilities, and that within a decade there will be 6,000,000 additional children of school age for whom no provision has been made, regarding teachers, school buildings, or equipment.

H. Councill Trenholm, State Teachers College, Montgomery, Ala., emphasized the differences in educational opportunity that exist in the various regions



Health services and medical care should be available for all children in the United States, wherever they may live, according to the National Commission on Children and Youth.

of the United States and among different groups of people.

In the field of legal protection of working children, said Beatrice McConnell, U. S. Department of Labor, the period since 1940 has been one of slow and painful progress.

The chief gain, she said, is that 18 States now set 16 as the minimum age for full-time employment; this is 6 more States than in 1940.

To protect the young and immature worker by limiting his weekly hours of work is another important job, Miss McConnell went on. In 1940, she said, there were 11 States that limited the working week for children under 16 years to 44 hours or less. Since then 5 more States have been added to that number. In the same period 2 States have adopted a similar limit for children 16 and 17, making a total of only 6 who give this protection to these older children, who are still immature.

Since 1940, said Miss McConnell, two States have passed legislation to control to a considerable extent the employment of children in agricultural work. But the picture that we studied at the 1940 conference, of young children working long hours at arduous work, poor living conditions, poor housing, lack of health services, lack of community services of all kinds, lack of all the things that are important for chil-

dren, is still before us in 1948. All this, she added, is particularly true of the children of migrant workers in industrialized agricultural areas.

W. S. Terry, Jr., American Public Welfare Association, noted that the States are increasingly recognizing the need for services accompanying monetary payments for aid to dependent children and are equipping themselves to render better services.

Mr. Terry also mentioned the increasing number of State commissions working on the problem of the needs of children and young people in their States. This, he said, is a hopeful sign, for it indicates a recognition of the problem of these needs and a seeking for the answers at the local level.

As we expand our concepts of child-welfare services and develop programs more extensively, said Ellen B. Winston, North Carolina State Board of Public Welfare, we realize that they must be grounded in sound bases of legislation. Again, she said, we may have good laws to protect children, but if they are to be effective they must be accompanied by expanded social services for children.

As we look at State activities in recent years, went on Dr. Winston, we see that we are concerned more and more with adequate legal protection for all children, not just for children who hap-

pen to fall into a specialized category, such as has been called a "delinquent child." Rather, she said, we are interested in getting legal protection for all children at all times.

Group discussions

Dr. Winston also presented to the commission a proposal to prepare for a midcentury White House Conference on Children and Youth, which was drafted by a committee to initiate plans for such a conference, under the chairmanship of Emma C. Puschner.

After this committee to initiate plans for the 1950 White House Conference submitted its proposal, the commission divided into groups for the discussion of two questions: (1) What should a 1950 White House Conference mean to children? and (2) what can we contribute to State and local action preparatory to the White House Conference? George B. Corwin served as coordinator for the group discussions. Joseph P. Anderson, H. L. Lackey, and John W. Edelman served as leaders for the groups and Margaret S. Harding, Margaret A. Hickey, and Mary E. Leeper served as recorders.

The conclusions of the group discussions confirmed the urgency of a midcentury White House Conference on Children and Youth and expressed approval of the "conference-in-process," which has already been begun in State and local efforts to achieve gains in advance of the 1950 conference.

Some of the suggestions were incorporated in the final proposal for the 1950 conference voted by the commission, and others will be used as guides for the continuing program of planning for the conference.

Among the suggestions made were that the planners (1) see the child as an integral part of the family; (2) see that security of family life is dependent on many factors, not the least of which is the basic economic security of the family; (3) see every American child in a dynamic national and world setting in which spiritual values, democratic practice, and the dignity and worth of each individual are basic; (4) think in terms of all children and not confine consideration to the most vulnerable ones; (5) see that young people have a realistic opportunity to share in all

planning, in preconference projects, and in the conference itself; and (6) see that our concern for the child is no longer confined to the boundaries of our country.

The groups were in agreement in encouraging State and local groups to set goals for achievement in the next 2 years and in moving aggressively toward these goals. They called for concentrated effort for further establishment of inclusive State-wide organizations of citizen representatives from both public and private agencies concerned with the welfare of children and youth and for the strengthening of such bodies already in existence. They advocated steps to relate more closely the work of the several professions interested in the welfare of children. They proposed that national organizations share in the preparatory process by adopting 2-year goals and working actively toward their achievement through closer cooperation with their own State and local affiliates and with other organizations.

Proposal for a midcentury White House Conference on Children

In the light of the committee's report and the group discussion, the commission adopted the proposal for a 1950 White House Conference on Children and Youth.

The commission recommended that such a conference—the fifth decennial one—be held. This conference would be planned to evaluate progress since 1940, to assess the status of services and opportunities provided children and youth in the United States and the problems affecting their welfare, and to stimulate the Nation to achieve a greater measure of security and opportunity for all children. The commission also recommended that the conference place its primary emphasis on "The Child in His Family and Community."

The commission recognized that at the appropriate time a planning committee for a 1950 White House Conference on Children and Youth would need to be appointed to be responsible for organizing the conference. Pending the appointment of such a committee, the United States Children's Bureau and other Federal agencies responsible for programs for children and

youth are in a position to cooperate with National and State organizations and agencies in the preliminary activities that will lead to a 1950 White House Conference.

The commission proposed two phases of preparation for a 1950 White House Conference: (1) A program of State and community preparatory action and (2) a preparatory research program.

Previous White House Conferences on Children have served as "starters" for State and local action on objectives agreed to by the National Commission.

This time the commission recommends a new and reverse approach: That the 1950 meeting come as a climax to a 2-year preparatory program of action in States and communities so that the 1950 conference can count gains made and plan for the next decade.

Attainment of goals or progress toward goals will require local initiative and action by voluntary and official agencies, and State leadership, financial aid, and legislation. Increased Federal aid in advisory service and funds will be needed to approach a comparable level of services for children and youth throughout all the States, Territories, and island possessions.

To consider how the program for preparatory action in States and communities can be started and carried on, a conference on State planning for children and youth is being called for March 30–April 1 in Washington, D. C., by the United States Children's Bureau, under the sponsorship of the National Commission for Children and Youth. Four or five persons are to come from each State to join in a working conference and report back to the groups in each State that will take the lead in planning the State programs.

For the research phase of preparation for the 1950 White House Conference the commission recommended appointment of a committee to consult with public and private agencies and to devise a plan for research preparatory to the 1950 conference. This plan will provide for analyzing data now available, assembling additional data needed, and evaluating information brought to light as it bears on the welfare and opportunity of children and youth in the United States.

(Continued on page 142)

FOR HEALTH, EDUCATION, AND WELFARE OF CHILDREN AND YOUTH

OSCAR R. EWING,

Federal Security Administrator

IN THIS COMMISSION, you have created a meeting place where you can pool your thinking about all facets of child life; the whole process of child growth and development; the total person and personality of the child. You have chosen to concern yourselves not only with a child's need for health services and medical care, but also for social services; not only with his educational, but also, his recreational needs; not only with child-labor laws and other legal protections, but also with opportunities for suitable employment and for growth in social responsibility. All this, not for any special group of children, such as the underprivileged, the Negro child, the child of migrant parents, but for all children of the U. S. A., even including the children of the far-away islands in the Pacific now under United States protection.

Modern science is helping us greatly in understanding the interrelatedness of human ills. The father who is sick in body may be sick from fear of unemployment or old age. The child who is failing in school may be failing because of neglect at home. The mother who is neurotic may be neurotic because of lack of economic help in holding her family together. Because of the breadth and inclusiveness of our programs, we are in an enviable position of approaching these very human problems from many different angles. . . .

When I speak of the breadth and inclusiveness of our programs, I am not unaware of their shortcomings. Our social-security system is only half finished. There are many millions who have no social-insurance protection. The protection against loss of income resulting from unemployment, old age, or death of the family breadwinner is far from adequate. The assistance we give to the States for the needy aged, for the blind, for dependent children is

meager, indeed. Millions of children are deprived of their right to good education because we do not yet devote enough of our national income to provide the schools and the teachers needed.

We must push ahead on all these fronts. . . .

Extending medical research is one of the fronts on which I am convinced great progress can be made. At the present time, the Federal Government is helping to finance research to the amount of some \$625,000,000 a year, but of that total only \$28,000,000 or 4 percent is on health problems. The proportion of these \$28,000,000 going to research on child health is almost infinitesimal.

I know how concerned the Children's Bureau is—and I imagine you share their concern—that so little is known about such problems as the cause and cure of rheumatic fever in children, and yet rheumatic fever kills more school-age children than any other disease.

Too long, we have been looking on congenital deformities in babies as acts of God. We know now that there is a large chance that the mother who has had German measles during the first 3 months of pregnancy may give birth to an abnormal child. We need to know a great deal more about diseases during pregnancy and their relation to congenital deformities.

There are a great many unanswered questions about the relation of nutrition to stillbirths and births of healthy babies; about the relation of the Rh factor to his chance of survival. We want to know how to prevent premature births.

We ought to be spending money, and to keep on spending it, until our researchers can tell us how we can avoid cerebral palsy. The ways in which

physical and psychological factors interact on each other, both in the normal growth of children and in their illnesses and convalescence, need an immense amount of study. Accidents are a major public-health problem. More children die from them than from any single disease. Some children seem particularly prone to them. Why?

These are only a few problems of child health that we cannot master until we know a great deal more than we know now about child growth and development. You want more research on these problems. So do I. And so does the medical profession. I am going to do everything in my power to develop teamwork to make possible such research.

We need more, better trained, and better distributed medical personnel.

Doctors, citizens, and public officials, all of us want to build a solid foundation of local health units. One-third of our 3,000 counties still lack the services of a county health officer.

I give you these three examples—more research, more personnel, more local health units—as areas of need on which all of us are in substantial agreement. . . . I want to see how fast and how far we can move ahead in the protection of human life on these non-controversial fronts.

Even in the short 2 years since your organization was formed, as a Nation we have made significant strides in the direction you want us to go. Federal grants to the States for child-health and child-welfare services have been almost doubled. We have made some headway in education. Teachers' salaries, on the average, are about \$300 higher than a year ago.

I am glad your sights are high. It is going to take time to achieve your goals—how much time none of us can predict. But let me say for myself: I want you to count on my support in whatever you undertake to help communities and States create for their children and young people "full opportunity to develop their potentialities and to become responsible and cooperative members of society."

Excerpted from address given before a meeting of the National Commission on Children and Youth held in Washington, D. C., January 28, 1948.

STATE PROTECTS CHILDREN LIVING AWAY FROM THEIR OWN HOMES

VIRGINIA FENSKE,

Child-Welfare Consultant, Washington State Department of Public Welfare, Olympia

IN EVERY STATE many children are living away from their own homes and are cared for by persons other than members of their own families. In the United States as a whole about 225,000 children are so cared for—in children's institutions or foster-family homes. Besides these, large numbers of children are cared for during part of the day, in day nurseries, again by persons who are not near relatives of the children.

Since these children are not in the care of their own families, the State has the responsibility for seeing that they get the proper care. The State expects any agency or institution that undertakes to keep children to give them proper physical care, and to offer them adequate opportunities for mental, social, and emotional development.

During the past half-century nearly every State in the Union has passed laws designed to protect these children by requiring that no agency or institution may care for children without a license from the State. But in spite of this, many children live under bad conditions either because the law covers only children of certain ages, or children cared for by certain types of homes, or because the State agency responsible for administering the law is not adequately staffed to see that all the children are protected.

Characteristics of a good licensing law

What, then, is a good licensing law, without loopholes? What are the goals of good administration of the law? What methods of administration will lead to more satisfactory care of the children? And what achievements can be expected?

First, let us look at six characteristics of a good law:

1. The law should be definite in its provisions, so that the extent of its jurisdiction is understood; all terms should

be clearly defined. At the same time the law should be flexible, so as to permit sound administration.

2. The law should be broad enough to protect all children coming under care of children's agencies and institutions and of independent foster homes, with no exceptions. Some State laws now exempt certain types of homes from licensing and supervision, such as those under sponsorship of religious or fraternal organizations or those caring for fewer than a specified number of children. Anyone taking part in drafting legislation to protect children should remember that one child in a foster home needs protection as much as several children do.

3. The law should provide that a State agency concerned with the welfare of children must pass upon not only the original incorporation of a children's agency or institution, but also all amendments to the incorporation. The law should require the State agency not only to examine the original bylaws but to give periodic examinations so as to note changes in them.

Through such provisions in the law the State agency knows at once when a new children's agency or institution is contemplated. If the new project is unsatisfactory the State agency has an opportunity to redirect or discourage it before it begins operation. In regard to existing agencies, such provisions permit the licensing agency to keep informed on any changes in the agency's plans.

For example, the law in the State of Washington requires a prospective child-caring agency, before it can be incorporated, to give the director of public welfare satisfactory assurance on the following:

(a) The good character and intentions of the applicant.

(b) The present and prospective need of the service intended by the proposed organization, with no unnecessary duplication of approved existing service.

(c) Provision for employment of trained and experienced workers.

(d) Sufficient financial backing to ensure effective work.

(e) Probability of permanence.

(f) Consideration of the best interests of the children and of society in the methods used and the disposition made of the children.

(g) Satisfactory provisions in proposed articles of incorporation and related bylaws.

(h) The need for and desirability of such an organization.

This requirement of the law gives the public welfare department in the State of Washington an opportunity to make a thorough evaluation of each new incorporated agency. Besides, we in the public welfare agency have found these points invaluable in explaining the law to new groups and in formulating rules and regulations.

4. The law should provide that the State administrative agency shall set standards for both new and existing agencies caring for children, and should place responsibility on the State agency for seeing that these standards are maintained. Supervisory activities by the State administrative agency might include visiting the agencies, examining records, and obtaining statistical and financial data.

5. The law should set a penalty for violation, with provision for initiation of litigation when an organization does not meet the State standards. The penalty clause should be stringent enough so that when prosecution is necessary it will be effective.

Condensed from paper given at the National Conference of Social Work, held April 13-19, 1947, at San Francisco.

6. The law should provide not only for rejection of a new application but also for discontinuance of any facility that does not meet State standards. In addition, it should provide that the applicant may request a hearing by the courts on decisions made by the licensing agency.

A licensing law with these six characteristics should make possible more adequate protection for children. It should also bring about coordination of public and private services for such protection and for a unified approach toward development of new services.

Given a sound legal base for administration of a licensing program, what does the public expect from it?

Dwight H. Ferguson in *Public Wel-*

gard to medical practice have been provided through national standard-setting agencies and through State regulation.

Likewise, a parent who enters his child in a day nursery wants to know that the child will have adequate physical protection as far as health, fire protection, sanitation, and nutrition are concerned, as well as a good program of child development and training.

It is generally agreed that administration of the licensing law should be the responsibility of the State agency concerned with the welfare of children. This arrangement facilitates coordination between public and voluntary programs for children. The licensing staff becomes familiar with children's needs

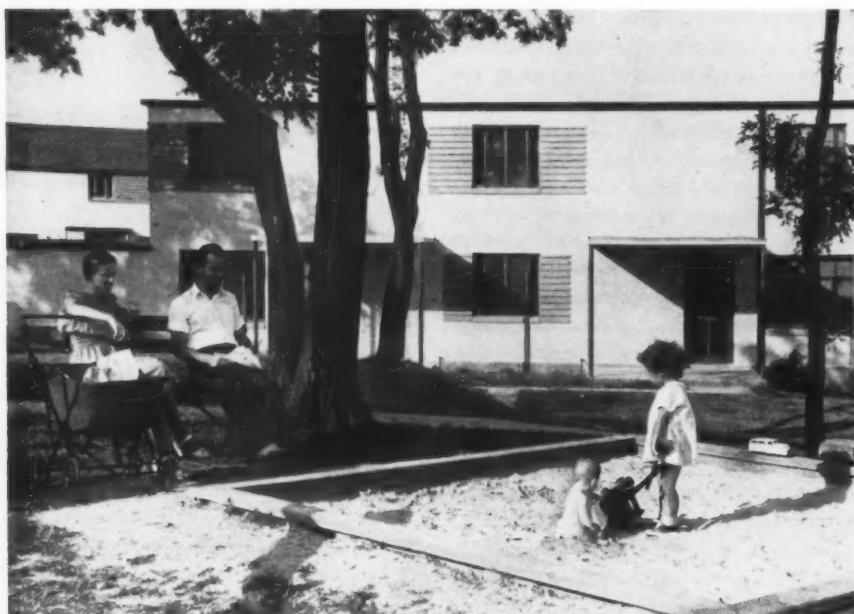
The method of staffing the licensing program varies in the States, but usually one of two methods is used:

(1) Licensing personnel is employed on the State staff; the program is considered State-operated and functions entirely from the State level.

(2) Field representatives of the State agency are given responsibility for licensing of agencies and institutions in the area that they serve.

Of these two methods a State-operated program seems the more desirable, for a worker gains competence in licensing and supervision when this is a specialized job and is not carried as one element of a job involving responsibility in several areas. Also, the licensing staff is able to offer State-wide leadership because of their knowledge of needs, resources, and interagency relationships. This staff has responsibility for familiarizing other workers in the State agency with the licensing program and for interpreting to them the work of local child-placing agencies. This is an important part of the job, since the licensing staff has responsibility for helping local welfare departments to develop sound working relationships with child-caring agencies.

Assuming then that the licensing law is administered by the State public welfare department on a State-operated basis, what should be planned in regard to staff for the job? Unless the licensing program is adequately staffed, so that periodic studies can be made of agencies and institutions, licenses are issued without information concerning the current practices of the agency or institution. This gives a false security to the public, which assumes that approval implies knowledge of present conditions. "Adequately staffed" refers not only to the number of persons doing the job, but also to their qualifications. These qualifications should include professional training in social work; sufficient experience so that the worker knows voluntary and public welfare programs for children and can evaluate case-work practice; skill in teaching both professional and lay groups; and skill in consultation. Experience in an institution is of great value. Most of all, the worker needs sound judgment and ability to get along with people. The licensing job requires skilled personnel and should be compensated and



These children are happy in their own home. But 225,000 children in this country are in institutions or foster-family homes, and the States are responsible for seeing that these children receive proper care and adequate opportunities for mental, social, and emotional development.

fare, October 1946, states "that one of the basic purposes of licensing is to insure against certain risks which we as individuals are not able to assume." He further states that "the purpose of licensing is to protect the child by identification of these risks and by establishing safeguards to meet them." This expresses what the public regards as our basic purposes in licensing.

The public is in a position similar to that of a patient who enters a hospital expecting that certain safeguards in re-

and resources for meeting them, and can utilize this knowledge in planning a division of the field with private child-caring agencies. This staff can also be expected to give leadership so that private-agency services for children are utilized wisely. For example, unless the basic children's services are provided by the public agency, the private agency will be continually called upon to provide them. As a consequence, the voluntary agency will be retarded in developing new and specialized areas of service.

classified in the merit system accordingly.

The staff is required to function in many areas. It works with boards and other groups; gives technical consultation in the areas of adoption, unmarried parenthood, day nurseries, foster care, and institutional operation; conducts surveys; directs a program of education and interpretation with professional staff and lay groups. Duties are numerous and often unpredictable.

With good legal structure and knowledge of basic objectives, what methods can be employed administratively to make the goals most effective?

The role of the licensing agency is twofold: (1) To carry out the provisions of the law; (2) to give consultation service to child-caring agencies and institutions so as to assist them in meeting the required standards.

When the home or institution does not meet the minimum requirements, the State agency, in carrying out its main function—to enforce the provisions of the law—may invoke court action to protect the children. This action will also set precedents for the required performance of agencies. The State agency also obtains attorney general's opinions for guidance. Through establishment of rules and regulations administrative procedures are developed.

Joint efforts to attain standards

The major approach to the licensing process should be educative, emphasizing supervision and consultation rather than authoritarian inspection. The State agency should attempt to develop a working relationship with agencies and institutions in the State, stimulating their interest in good methods of child care so that the process of licensing becomes a mutual effort to attain standards of care for all children.

The consultative relationship of the State licensing agency to the child-caring agencies will differ according to their need for such help and the mutual working relationship established. There will be agencies needing consultative service continuously or regularly and agencies having limited need for it.

The first group will be agencies located in a community where there is little professional leadership and no regular guidance from their national agency.

The second group will be agencies that have an adequate staff able to give leadership and that have consultative help available in the community through community councils of social agencies, schools of social work, or other media. Included in this group may be agencies with national private-agency affiliations from which consultation can be obtained.

The type of consultative help needed should be agreed upon through coordinated planning by the local supervising agency, the national private agency, and the State licensing agency.

For example, one private agency in the State of Washington which has national affiliation receives a visit from its national representative about once a year, other administration and supervision being carried on by correspondence. At the time of this visit the State consultant responsible for licensing confers with the national private-agency consultant and the local agency executive to consider mutual problems and objectives. Out of such conferences they reach agreements regarding consultation service to the local agency and division of responsibility for it.

Another part of the administrative agency's educational role has to do with standard setting. Since the applicability of standards will be best known to the agencies that must meet them, the setting of standards should be done by a joint committee representing the child-caring agencies and the State licensing agency. Such participation will promote sound working relationships and development of standards that are realistic in practice.

Agencies are in different levels of development, and standards should take this into account. Certain minimums, based principally upon the physical protection of children under care, should be required of all agencies.

For example, before being licensed, an institution would have to give assurance that standards for fire and health protection set by the State had been met; that there was sufficient staff, adequate financing, and a sound sponsorship.

In deciding upon standards, the licensing agency should not only take into account the State's development, but should incorporate into the standards objectives that agencies might be ex-

pected to reach and which some of them will already have attained. These standards, of course, will be higher than the minimum standards, which are intended to establish a base for appraisal of all institutions and agencies. In the event of legal testing, the minimum standards, which would be in line with generally accepted community practices, would be less likely to be considered inoperable or capricious.

To separate minimum requirements from objectives places emphasis on the objectives that the institution sees the need of attaining. It prepares the way for the agency to decide what objectives it can meet within a given time.

For example, a large congregated institution decided to make some building changes. They were faced with money limitations and an already existing plant that would have to continue to be used. Standards and objectives were reviewed with them, and they decided to follow a 3-year plan. The first year they would replace the laundry, which had been destroyed by fire; the second year they would modernize the dormitories, dividing them into smaller units, and the third year they would add a gymnasium. Since it was their own proposal and not something that the State imposed upon them, it had a better chance of being carried out.

Technical advisers needed

In standard setting and general administration of the law, cooperative relationships will be needed with other State departments, those concerned with fire protection, health, education, and building; the secretary of state; and the attorney general. These departments should participate in developing the rules and regulations. Their advisory help in regard to institution and agency operation will be invaluable in areas related to their technical skill.

Standards will need to be carefully drawn, since they become part of the legal basis for carrying out the provisions of the licensing law. If the requirements of the licensing agency are challenged, this legal basis may be needed.

The agency seeking a license—whether a new agency or one already operating—should be responsible for

(Continued on page 142)



FINLAND SAFEGUARDS HEALTH OF MOTHERS AND CHILDREN

DR. ARVO YLPPÖ,

Professor of Pediatrics, University of Helsinki.

FINLAND'S geographical conditions place many obstacles in the way of our efforts to provide health services for mothers and children. It is located in the far north and it is extremely cold; it does not get the warming influence of the Gulf Stream nor the protection of mountains, as some other northern countries do. Its population is widely scattered over a large territory, including many islands. No wonder the infant mortality rate has been and still is greater than in some neighboring European countries.

Governmental and municipal child-health work was first started in Finland in the nineteenth century, but only for destitute children. This was all that was done by public authorities for many years. But for more than a quarter century private organizations have exerted much influence in the development of child-health activities. The most prominent of these is the Mannerheim League for Child Welfare, which is part of the Finnish Red Cross.

A general law for the protection of children, passed in 1936, and a law of 1944 concerning maternal and child-health centers, together with a public-health-nursing law of 1944, are the foundation for child-health work in Finland today.

The law concerning maternal and child-health centers requires every city

and rural community to maintain at least one health center for maternity and child-health work. The Government pays the physician's fees and traveling expenses and three-fourths of the cost of equipment. The rest of the cost is paid by the local community.

The public-health-nursing law makes it compulsory for every local community to maintain a sufficient number of public-health nurses—in rural areas at least 1 public-health nurse to every 4,000 inhabitants.

The duties of a public-health nurse include care of infants and preschool children; also school health work; the tuberculosis service; control of contagious diseases, and bedside care at home in cases where it cannot otherwise be arranged.

Public-health nurses are engaged by the community. Three-quarters of their salaries are paid by the national Government and one-quarter by the local community.

Owing to the gradual improvement that has taken place in the standard of living and in child-health work the infant mortality rate in Finland has declined from 12.8 percent of the number of births, which was the rate during the first decade of the century, to 6.3 percent in 1945.

Among infants under 1 year of age the leading cause of death in 1944 in

Finland was prematurity, which caused 26.4 percent of all the infant deaths. Second was pneumonia, which was responsible for 18.1 percent. Diarrhea ranked third, with 14.5 percent, and congenital malformations fourth, with 5 percent. In fifth, sixth, and seventh place were whooping cough, convulsions, and tuberculosis.

Diphtheria killed more Finnish preschool children in 1944 than any other cause; 20.1 percent of all the deaths among children of preschool age were due to this cause. Pneumonia was the second most important cause of death, with 14 percent. Third came tuberculosis (13.3 percent); and fourth, diarrhea (7.1 percent). Fifth and sixth were drowning and whooping cough.

Public-health nurses and special children's nurses have contributed greatly toward decreasing Finland's infant mortality. The training of these was begun in 1921, and skilled nursing staff was thus prepared for child-health work.

To reach isolated regions

Circulating child-health centers have also contributed much to the decrease in infant mortality. These were started during the war and still continue. The medical work of these centers is done by young doctors, who with public-health nurses visit remote parts of Lapland and northern Finland, both summer and winter, going to homes from which the nearest district health center is 25 to 60 miles away, a distance that could not be undertaken by the mothers with their infants. The doctors and nurses travel from village to village, and often from house to house, driving, walking or skiing, to give young mothers advice on the care of their children and to distribute foods and vitamins. (These traveling centers, or "neuvolas," were described in *The Child* for August 1947.)

In 1940 we saw how easily war increases infant mortality. Half a million people were forced to leave their homes at a moment's notice and move into temporary dwellings—often very poor ones—all over the country. This, of course, was injurious to the infants' health, and the infant mortality rose from 6.7 percent to 8.8 percent.

But the next year, in which the birth rate was far higher than it had been for

a long time, the infant mortality decreased to 5.9 percent.

This good result was due chiefly to the sending out of more circulating health centers and to the exemption of children's doctors from military service. During the war medical care of civilians had to be given largely by children's doctors, as the other doctors were engaged in war work. The children's doctors therefore traveled all over the country, and as a result many children were given the help of a specialist who would not have had it ordinarily.

In addition to this temporary benefit, child health received a more lasting one in 1941 and 1942, when a number of children's hospitals were opened, through an organization called Finland Relief. As a result of these circumstances Finland's infant mortality in 1943, in spite of the war, was the lowest the country has ever had, 4.95 percent.

The following year about 400,000 Karelians and about 100,000 inhabitants of northern Finland were obliged to leave their homes, which had been destroyed. The temporary housing of these evacuees was better organized than it was in 1940, but it was still poor, and infant mortality increased to 6.8 percent. In 1945 it went down again to 6.3 percent.

Our infant mortality is higher than that in Sweden, Norway, or Denmark. This is due partly to geographic conditions, and partly to war evacuations, to

poverty, to the housing shortage, and to poor nutrition.

The most important factor is, however, the large number of infants born prematurely. If we consider as premature any infant whose birth weight is under 2,500 grams (about 5½ lbs.), the number of premature births in Finland constitutes from 8 to 10 percent of all births. In Sweden only about 5 percent of births are premature.

Premature births must be reduced

The mortality rate among our premature infants is extremely high; about 50 percent die during the first year of life. Of all the infants who die during the first 7 days of life 70 to 80 percent are those who were prematurely born. This figure suggests that the most effective ways to decrease our infant mortality rate as a whole are (1) to reduce premature births and (2) to save the lives of premature infants.

Premature births are caused in many cases by illness during pregnancy—albuminuria, nephritis, eclampsia, and so forth, and these conditions can be prevented to some extent by intensive maternity care. Some premature births are caused by accidents due to work outside the home. These can be reduced through legislation for the protection of pregnant women who are employed.

Many more premature infants will be saved when the training of every midwife and public-health nurse includes

care of such infants and when every children's hospital has a department for them, where they are taken care of with special attention and love. At this moment, the question of prematurity, not only in Finland but also in many other countries, is the most important point to be considered in our attempts to reduce infant mortality in general.

The rate of stillbirths is fairly constant and is almost the same in different countries. In Finland it varies from 2 to 2.5 percent of all births. Mortality during the first week of life is also comparatively constant at about 2 percent. The variations in infant mortality from year to year take place among infants during the later months of the first year of life. These variations are caused by many external factors, which can be influenced through child-health work.

We can be sure that our premature births will be fewer and the general infant mortality lower after our new laws on maternity care become effective, for maternal and child health are connected inseparably.

Our immediate tasks for the future in maternal and child-health work are:

1. To train skilled nursing staff—public-health nurses and special children's nurses—for different branches of child-health work.
2. To improve prenatal care, especially by preventing premature births.
3. To improve the care of newborn infants, especially those born prematurely.
4. To provide public-health education, particularly in the prevention of upper respiratory and intestinal infections.
5. To provide immunization against diphtheria, tuberculosis (Calmette vaccination), and whooping cough.

For these purposes we established, during the war, in spite of many difficulties, a new Children's Hospital, with 350 beds (picture on page 138). We are now building a new training center, called the Children's Castle, for all types of children's nurses. One hundred and twenty nursing students will train here each year. There will be 150 beds for children needing special care. These two new institutions will be a good foundation for every kind of children's health work in the future.

Reprints available in about 5 weeks

Dr. Arvo Ylppö, the author of this article, is shown here examining a young patient's chest.



TO TRAIN PERSONNEL FOR DELINQUENCY CONTROL

NORRIS E. CLASS,

Associate Professor, Graduate School of Social Work, The University of Southern California, Los Angeles

CITIES, towns, and counties all over the United States are recognizing more and more the importance of the law-enforcement officer in the control of juvenile delinquency. Across the country, community after community is enacting legislation, providing funds, and encouraging and supporting administrators of law-enforcement agencies in setting up "juvenile bureaus" or "delinquency bureaus" within their agencies. These bureaus, by various names, are planned to permit the law-enforcement agency to specialize its work with young people and to refine its methods of dealing with them.

Specialization of work, of course, always raises the problem of special training for the workers. And as law-enforcement agencies move toward specialization of their work for control of juvenile delinquency, they find that their workers need special preparation.

There is, of course, no single answer to the question of what this special preparation for workers in juvenile bureaus should be. But the beginnings of an effort, in one State, to improve the work of these bureaus seem worth describing.

Law-enforcement administrators in California have long felt the need for improving their work for children and youth. And so, about 5 years ago, they joined with the University of Southern California in planning for a delinquency-control institute. This institute was planned not only to train workers in juvenile bureaus but to carry on research into problems of delinquency control, so that the curriculum would keep pace with knowledge in the field. The information collected through this research would be made available to law-enforcement agencies everywhere.

During the planning period, which lasted more than 2 years, specialists in sociology, in recreation, in education, in law, in social work, and in administra-

tion worked with law-enforcement officers in developing a broad course of study, including classroom instruction as well as practice and observation in local law-enforcement agencies.

The planners set a goal of training 60 juvenile workers a year. They did not, however, expect to reach this goal in the first few years of the institute.

The plan was to select not more than 30 workers in juvenile bureaus each half year for admission to the institute. These workers would be the ones recommended by their agencies for such training, and no requirement as to age or previous education would be set.

It was expected that the workers who attended the institute would be given educational leave with pay. The law permits local law-enforcement agencies to use public funds for this purpose, but not State agencies.

The university would give each person selected a scholarship to cover all tuition and fees for the institute.

A full-time course would be given, lasting 16 weeks. (The course has since been shortened to 12 weeks, as some agencies found it difficult to give up their workers for the longer time.)

As for the faculty of the institute, the planners agreed that the director of the institute should come from the law-enforcement field. The other two full-time members of the faculty would be a researchist and a supervisor of field work. One principle for selecting the three full-time members of the faculty was that the fields in which they had had experience should complement one another, so that their combined background would represent the total field of juvenile-delinquency control.

For administrative purposes the institute was placed in the school of public administration.

Funds for research were given, along with many other services, by the California Youth Authority. (Through re-

search funds made available by the Authority, the planners were able to prepare teaching material. Scholarship funds were given by foundations.

The institute opened in September 1946, with 14 students. (It is now being given for the fourth time.) The director was the commanding officer of the delinquency-control unit of the Los Angeles Police Department, on loan to the university for a year.

This year the director is a lieutenant from the juvenile division of the Los Angeles County Sheriff's office, on loan on the same basis.

The supervisor of field work, both years, has been a person with social-work training and long experience in the field of probation.

The researchist during the first year was a person with experience in delinquency studies conducted by a Federal agency. This year the researchist is one who has recently been responsible for conducting community studies for the California Youth Authority.

The director is responsible for a course on "Administrative aspects of delinquency control." A member of the sociology department gives a course in "Conditioning factors in juvenile delinquency." "Social-treatment aspects of delinquency control" are taught by a member of the faculty of the graduate school of social work.

The school of education contributes the instructor in "Techniques of learning and teaching"; this course was placed in the curriculum because the planners realized that many of the workers attending the institute would sooner or later become supervisors and would need to know more about what is involved in the teaching process.

"Delinquency-prevention techniques" are taught by a member of the university's psycho-educational clinic. A course in "Legal aspects of delinquency control" was developed by an instructor on the law-school faculty.

Students visit juvenile bureaus

One full day a week is devoted to supervised field work, and the students visit various departments or agencies within the Los Angeles metropolitan area. The largest number of agencies visited are juvenile bureaus, where the student has an opportunity to study de-

partmental structure, policies, and practices. These bureaus, varying as they do in size and program, present variety and provide rich material for study. As a result of these visits the student may arrive at a better judgment as to what is best for his own community. Other agencies visited are the Los Angeles County Probation Department and the Juvenile Court. In addition, the Youth Authority arranges visits to several of its group-care facilities that are located within the area. After the field visits, opportunity is given at clinics in delinquency control for the students to discuss the visits fully.

The classroom-teaching method in the courses varies according to content and instructor, but the accent is on discussion, with frequent use of special study-and-report committees. One deviation from regular college methods is devotion of a much greater amount of time to class sessions. In fact the teaching policy might be said to be built on group teaching. Opportunity does exist, however, for individual study, preparation, and conferences.

For good public relations

Each person completing the course receives a certificate, and students with certain previous educational achievement receive 12 units of college credit. In the final week of the course a dinner meeting is held, at which the certificates are issued. Officials in the law-enforcement field, including chiefs of departments sending students to the institute, are invited. This affair has proved to be especially good public-relations work for the project.

Applications for entrance to the institute are reviewed by a joint committee of law-enforcement officials and faculty members of the university, which makes recommendations to the university-admissions office.

The total student enrollment of the first three semesters amounted to 30 men and 7 women. The age range has been from 26 to 52 years, with a median age of 35. The educational backgrounds have ranged from less than high-school graduation (in two instances) to college graduation (in eight instances), with the median achievement the completion of a full year of college work.

Sixteen different public agencies have been represented by one or more

workers each. The locations of these agencies range from the "Bay region" of San Francisco to San Diego. (Several applications from outside the State are being considered for the coming quarter.) Twelve of the public agencies are municipal police departments; two, sheriff's offices; and two, probation departments. Within the law-enforcement-agency group of employees, the rank of those attending has ranged from new appointees with patrolman status to a lieutenant in charge of a juvenile bureau.

To evaluate the project was not the purpose of this statement. But it does seem appropriate to comment on some of the decisions on the planning, which experience seems to be validating. Perhaps the first and most important decision in the early planning was that this project was to be truly a joint undertaking of the university and the field of law enforcement. During the years of the planning phase, each aspect of the project was considered in detail by a joint committee, composed of staff members of the university and representatives from law-enforcement and other fields interested in juvenile-delinquency control.

During the planning period a 2-day law-enforcement officers' conference on juvenile-delinquency control was held on the campus of the university. This conference had the sponsorship of the attorney general of the State, the California Peace Officers' Association, the California State Sheriffs' Association, the District Attorneys' Association of California, the California Youth Committee, and the California Youth Authority. This conference adopted a resolution supporting the development of an institute. Since the conference, these law-enforcement groups have been kept informed of developments concerning the institute and have continued to manifest interest and give support. In fact, there is abundant evidence that the law-enforcement group feel this is their project.

Another decision which would seem to be sound, although further time is necessary for final validation, pertains to the combining of teaching and research.

During the first year the research side had to be somewhat curtailed and made very practical. The researchist devoted

considerable time to preparing teaching material and revising the syllabi that had been prepared before the opening of the institute. There was enough time, however, to survey the research needs of the law-enforcement field in respect to juvenile work.

In the second year, an increasing emphasis has been placed on the research function of the institute. A joint research committee has been organized, including representatives from the field of law enforcement, staff members of the institute, and faculty members from other departments or schools of the university. Biweekly meetings on research are held, with a professor in the department of public administration serving as chairman or moderator, and the researchist as field secretary.

Research on practical problems

Although specific research projects are only in the blueprint state, one tangible result is at hand. The mere coming together of the law-enforcement workers and university instructors, in order to think about undertaking research, proved to be an excellent device for helping the institute to keep focused upon practical problems. At the same time this serves as a means of helping the practitioners to appreciate and see a little more clearly the difficulties involved in gathering real knowledge. It would seem that this increased awareness upon both sides must make for greater cooperative activity.

In this descriptive report there are two statements that should be made to correct any false impressions.

First, it has not been intended to convey the impression that serious problems have been lacking. Not everything has moved smoothly. There have been many perplexing problems, and the future will bring many more.

Secondly, it has not been intended to imply that the "institute" idea, as here described, is the answer to the training of staff members of juvenile bureaus. Many different approaches to such training have to be made and the best of each welded into a new "best" approach—best for the time being. What has been reported here is simply one approach, one way of doing. It may help to suggest other ways.

Reprints available in about 5 weeks

NATIONAL COMMISSION

(Continued from page 133)

In a progress report the commission noted advances that have been made in carrying out its action program for 1947 and 1948, the program adopted at its December 1946 meeting.

The commission adopted a program (presented on p. 131). It also authorized issuance of an explanatory statement, "Next Steps for Children and Youth," which sets forth for each phase of the commission's program the situation affecting the welfare and opportunities of children and youth and action needed to benefit them. After final revision in the light of suggestions made by commission members, this statement will be published by the United States Children's Bureau in combination with the commission's Program for Children and Youth, 1948.

Adopting a series of recommendations related to international programs for children, the commission advocated sufficient funds for financing the European recovery program, and urged consideration, under that program, of the needs of children, as well as of the necessity of providing services essential to the most effective use of material aid.

It called for support of the American-Overseas Aid-United Nations Appeal for Children and continuation and expansion of programs of voluntary agencies that are providing valuable assistance to children and youth in other countries. The commission is to keep in active touch with United States representatives in international agencies, public and private, to further programs for the children and youth of the world and to bring about a more coordinated approach to the needs of the whole child.

The recommendations urged prompt consideration of action needed to make it possible for larger numbers of displaced and unaccompanied children in Europe to come to the United States.

The commission endorsed the programs being pressed by United Nations Educational, Scientific, and Cultural Organization for educational reconstruction in war-devastated areas and for the promotion of opportunities for fundamental education for all children and youth and asked national organizations to participate in support of such programs.

Reprints available in about 5 weeks

CHILDREN AWAY FROM HOMES

(Continued from page 137)

taking the steps required for licensing. For example, after the licensing agency notifies the commercial operator of a maternity home of its responsibility to obtain a license, it becomes the duty of the maternity home to apply for a license and conform to the rules and regulations of the State agency.

One point concerning which the State agency and the agency seeking a license should work together is in determining the numerical capacity of an institution. It is accepted practice to include the maximum capacity on a license. If this figure is worked out by the licensing agency and the applying agency together, and is calculated in relation to the total number of staff, intake policy, financing, and physical space and equipment, it will have more meaning.

In its educational role, in addition to consultation, the licensing agency will need not only to give consultation but to conduct group institutes on child-welfare subjects, to hold regular group meetings with the staffs of institutions and agencies, to participate in agency surveys, and to cooperate with national and local planning groups related to the local organizations so that common objectives can be coordinated.

We have considered the legal and administrative structure of a State licensing program for children's agencies and institutions. What are the positive gains we can expect from a program, which is legally sound and is adequately financed and is staffed so that it can be effectively carried out?

The first gain we can expect is State-wide maintenance of at least an acceptable standard of care for children, with progressive growth in the direction of better standards of care.

Secondly, we can expect further understanding between public and voluntary agencies as sound working relationships are developed and as planning for care of children is coordinated.

Thirdly, and last, we can expect future development of children's services to move in the direction of providing wider coverage so that adequate protection will be given to all children who need it.

Reprints available in about 5 weeks

• IN THE NEWS

To Set 10-Year Health Goals for Nation

Oscar R. Ewing, Federal Security Administrator has called a National Health Assembly, to meet in Washington May 1-4. The Assembly has been called as a result of a letter dated January 30, to Mr. Ewing from President Truman, in which the President requested Mr. Ewing to undertake a comprehensive study of the possibilities for raising health levels in the United States. In this letter the President further asked for a report upon feasible health goals which might be realized by the American people in the next decade.

Thirty or more national leaders in various fields have been invited by Mr. Ewing to serve on the executive committee of the Assembly.

The Assembly itself will consist of both technical and lay personnel. Thus it will include not only representatives of public and private organizations in the United States concerned with various phases of the Nation's health but also of the people who are the consumers of health services.

According to preliminary estimates, more than 800 persons will attend the Assembly sessions.

Most of the activity of the Assembly will be in the form of panel discussions. Fourteen panels have been planned, each to explore a specific phase of the health problem.

The panels are on: (1) Professional personnel; (2) Hospital facilities; (3) Local health units; (4) Chronic disease; (5) Maternal and child health; (6) Rural health; (7) Research; (8) Medical care; (9) Community planning; (10) Rehabilitation; (11) Dental health; (12) Mental health; (13) Accidents; and (14) Nutrition.

Leona Baumgartner, M. D., is chairman of the panel on maternal and child health. This panel will stress the mother-child relationship with regard to the newborn infant, and also the health of the school-age child. Chairmen of the other panels will be announced later.

Mr. Ewing described the job of the Assembly as: (1) To see what we have—to know accurately the health facilities and personnel of the Nation and of each community—(2) to determine what we need (the difference between the two will show us our health deficits); and (3) to devise feasible methods of meeting these deficits.

As immediate benefits that should

come out of the Assembly, Mr. Ewing lists: (1) A guide to community action for local health improvements; (2) a detailed, practical pattern of cooperation among all organizations operating in the health field—public and private—National, State, and local; and (3) a more detailed and specific knowledge of our present health picture and of the job that has to be done to improve it.

Fellowships in Psychiatry Offered to Physicians

The American Association of Psychiatric Clinics for Children offers fellowships for training in child-guidance-clinic psychiatry under the auspices of the United States Public Health Service, The Commonwealth Fund, and some local funds. The training is for positions in community clinics, where psychiatrists, psychologists, social workers, and others collaborate in the treatment of children suffering from emotional or mental illness.

Most of the fellowships are for 2 years; some for 1. The stipend is \$3,000 for the first year, and more for the second. Prerequisites are graduation from an approved medical school; a general internship, and 2 years of general psychiatry.

Opportunity is provided for the fellow to develop his own skills in a well-organized out-patient service, with the support of a carefully planned training program and adequate supervision. The training centers are selected on the basis of standards which have been established by the American Association of Psychiatric Clinics for Children, and the fellowships are awarded by a committee of this organization.

For further information write to Dr. A. Z. Barhash, Executive Assistant, The American Association of Psychiatric Clinics for Children, 1790 Broadway, New York 19, N. Y.

• CALENDAR

Mar. 20-22—Sixth Annual Border Health Conference. United States-Mexico Border Public Health Association. Laredo, Tex., and Nuevo Laredo, Tamaulipas, Mexico.

Mar. 22-25—American Camping Association. Los Angeles, Calif.

Mar. 29-Apr. 1—National Vocational Guidance Association. Chicago, Ill.

Mar. 29-Apr. 1—Council of Guidance

and Personnel Associations. Chicago, Ill.

From Mar. 30—Union of American Republics. Ninth international conference of American States. Bogota, Colombia.

Mar. 30-Apr. 1—Conference on State and Community Planning for Children and Youth. National Commission on Children and Youth. Washington, D. C.

Mar. 31—Alliance for Guidance of Rural Youth. A panel discussion on Planning for Youth in Rural Industrial Communities, in connection with the convention of the Council of Guidance and Personnel Associations. Chicago, Ill.

Apr. 4-11—National Negro Health Week. Thirty-fourth observance. For information: National Negro Health Week Committee, Federal Security Agency, Public Health Service, Washington 25, D. C.

Apr. 5-7—National Society for the Prevention of Blindness. Minneapolis, Minn.

Apr. 11-17—National Public Health Nursing Week. Fourth annual observance. Further information from the National Organization for Public Health Nursing, Inc., 1790 Broadway, New York 19, N. Y.

Apr. 12-14—American Orthopsychiatric Association. New York, N. Y.

Apr. 17-23—National Conference of Social Work. Seventy-fifth annual meeting. Atlantic City, N. J.

Apr. 17-23—International Conference of Social Work. Atlantic City, N. J. Further information from Joseph Anderson, Acting Secretary General, 130 East Twenty-second Street, New York 10, N. Y.

Apr. 19-23—American Association for Health, Physical Education, and Recreation. Kansas City, Mo.

Apr. 19-23—Association for Childhood Education. Fifty-sixth annual study conference. St. Louis, Mo.

Our March cover shows youngsters that have health and welfare services available to them. The National Commission on Children and Youth is working toward goals that will make such services available to all children in every part of our country. The photograph is by Esther Bubley for U. S. Children's Bureau.

Credits for other photographs: Page 130, Federal Security Agency. Page 132, by Ben Greenhaus for Nursing Information Bureau. Page 136, Federal Public Housing Authority. Page 138, by Samuel Krakow, American Red Cross. Page 139, courtesy of the author, Dr. Arvo Ylppö.

• C. B. PUBLICATIONS

CHILDREN SERVED BY PUBLIC WELFARE AGENCIES AND INSTITUTIONS, 1945. Federal Security Agency, Social Security Administration, U. S. Children's Bureau. Statistical Series, No. 3. Washington, 1947. 18 pp. Single copies free.

This bulletin presents two separate but closely related aspects of services for children under public auspices: Children served in public child-welfare programs and children served by public institutions. "Children Served in Public Child-Welfare Program," is a summary and analysis of data that are reported annually to the U. S. Children's Bureau on the characteristics of children receiving child-welfare services from State and local public welfare agencies. "Children Served by Public Institutions," is the first summary and analysis of annual reports received by the Bureau on children served by State and local public institutions for dependent and neglected children or delinquent children. It includes both children living in the institutions and children served outside the institutions by institutional staffs.

LEGISLATION ON JUVENILE COURTS IN FOREIGN COUNTRIES, by Anna Kalet Smith. Federal Security Agency, Social Security Administration, U. S. Children's Bureau. Washington, 1947. Mimeographed. 70 pp. Single copies free.

This report aims to give information on the extent and nature of juvenile-court legislation outside the United States. For each country in which laws on juvenile courts and on procedures similar to those of juvenile courts are known to exist, the report makes brief mention of the history of this legislation and gives a summary of the present laws. The summaries have been prepared in almost all cases from the original text of the laws.

BREAST FEEDING. Federal Security Agency, Social Security Administration, U. S. Children's Bureau. Folder 8. Washington, Revised 1947. 21 pp. Single copies free.

Many mothers get a feeling of happiness and closeness to the baby when nursing him that they get in no other way, says this folder, which begins with plans for breast feeding made before the baby is born and ends with a plan for weaning.

For Every Child a Fair Chance

We now have the means at our disposal for a great advance toward achieving the goals for children and youth which the National Commission on Children and Youth has set forth in its program for 1948.

We know more of what makes good health—physical, mental, and emotional—and how the pattern begins to be formed in earliest infancy.

We have many more facts about the extent to which services provided in communities reach children; as, for example, the information gathered in the Nation-wide study carried on by the American Academy of Pediatrics with the help of Federal agencies. Encouraging gains have been made in many fields, as reported by commission members in the January meeting. And the public knows more about children, their needs, and programs developed in their behalf.

At the same time, members of the commission face the fact that the road ahead to opportunity for all children is long and arduous. To speed up travel along this road, and to find any short cuts that may exist, the commission has outlined a new kind of Midcentury White House Conference on Children—a conference-in-action—of which a meeting in Washington sometime in 1950 will be the climax but by no means

the whole. For it is the hope of the commission that communities and States as well as many national organizations will endeavor between now and 1950 to assess the needs of their own children, and discover ways in which homes and schools, churches and towns, can do a better job—with youth themselves sharing in the planning.

In its 1948 program, the commission recognizes the principle that every child should have a fair chance—a right to care and protection and opportunities to become a good, self-supporting citizen. To this end, whenever community services or financial aid are needed they should be available, in all areas and to all children and youth.

We are learning what are the essentials in giving every child his chance. And we shall go on learning. But it takes time to put knowledge into practice. Again, services for children and youth can be spread only as fast as workers can be trained. Besides, some States and communities do not have financial resources or personnel to go ahead as fast as they might wish in making services available in all areas and to all children and youth.

For some children, and in some areas, we lag so far behind in making services available that the question we must face constantly is: "What children are we not reaching?" Children and youth in many rural areas, for example, have fewer health services and mental-health

services, poorer schools and recreation, less social-welfare service, less vocational guidance and training than other children. And even in places where community services are well developed, there are some children and youth that the services reach infrequently, if at all, such as Negro children, those of Mexican parentage, and children of migratory agricultural workers.

In spite of many obstacles, we must push on for gains.

While we are planning for the children of the United States, we must do it in the light of world conditions. This was emphasized by the commission in its recommendations on international programs for children. In one recommendation the commission asked for support of the campaign to aid the work of the International Children's Emergency Fund and the American voluntary relief agencies. The fund-raising organization is called American Overseas Aid and United Nations Appeal for Children.

We who attended the 1948 meeting of the National Commission on Children and Youth have learned much through exchange of experience between the members from many parts of the United States. Now let us use our knowledge in raising the level of opportunity for children.

Katharine F. Lenroot
Chief, U. S. Children's Bureau

VOL. 12 No. 9

MARCH 1948

the CHILD

published monthly by the
Division of Reports
U. S. Children's Bureau

Managing Editor Sarah L. Doran
Art Editor Philip Bonn

FEDERAL SECURITY AGENCY
SOCIAL SECURITY ADMINISTRATION

U. S. CHILDREN'S BUREAU
Katharine F. Lenroot, Chief

CONTENTS

	Page
National Commission Prepares for Midcentury White House Conference.....	130
For Health, Education, and Welfare of Children and Youth....	134
State Protects Children Living Away From Their Own Homes..	135
Finland Safeguards Health of Mothers and Children.....	138
To Train Personnel for Delinquency Control.....	140
In the News.....	142
For Every Child a Fair Chance.....	144

Publication of THE CHILD, monthly bulletin, was authorized by the Bureau of the Budget, May 12, 1936, to meet the needs of agencies working with or for children. The Children's Bureau does not necessarily assume responsibility for the statements or opinions of contributors not connected with the Bureau. THE CHILD is for sale by the Superintendent of Documents, Government Printing Office, Washington 25, D. C., at \$1 a year, foreign postage, 25 cents additional, single copies, 10 cents.

U. S. GOVERNMENT PRINTING OFFICE: 1948



s
s
-
t
e
y
f
-
l
r
g
-
n
n
e
r
-
-
-

ge

0
4
5
8
0
2
4

—
au
ta,